



MEXICAN AMERICAN VETERANS' MEMORIAL

The Memorial cannot be completed without your financial support. Your contribution will make it possible to build a memorial where past and future heroes meet.

Please complete this section or attach a business card.

Name: Mr. / Mrs. / Ms. _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-mail: _____

Name of donor(s) as it should be acknowledged: _____

Enclosed is a donation of \$ _____

Payment Options:

I would like to donate via credit card:

Bankcard Account Number: _____ Exp. Date: _____

Amount: \$ _____ MasterCard ___ Visa ___

Cardholder Name (please print): _____

Cardholder Signature: _____ Date: _____

I pledge \$ _____ over a _____ year period.

___ My first pledge payment of \$ _____ is enclosed.

Please mail a pledge reminder to me: annually ___ monthly ___ quarterly ___
semi-annually ___ other _____

I would like to contribute a gift in-kind: _____

Memory/Honor:

My donation is in memory of: _____

My donation is in honor of: _____

Please mail an acknowledgement to: (name) _____

(address) _____

Public Recognition: Acknowledge this commitment? Yes ___ No ___

Signature

Date

Please make checks payable to the **Mexican American Veterans Memorial Fund** and return or fax the completed form to:

California Department of Veterans Affairs/MAVM Fund
1227 O Street, Rm 105, Sacramento, CA 95814. Telephone: 916.651.7759; **FAX: 916.653.2563**

Email: John.Ochoa@cdva.ca.gov

Your gift qualifies as a donation to an instrumentality of a governmental unit and is tax deductible pursuant to Section 170(c)(1) of the Internal Revenue Code.